

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-028070

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 254

Primary Registration District No. 3052

Registrar's No. 260

**FILED JUL 16 1962**

1. PLACE OF DEATH

a. COUNTY

Pettis

b. CITY (If outside corporate limits, give TOWNSHIP only)

Sedalia

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Pettis

c. CITY OR TOWN

Sedalia

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

310 East 4th

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

310 East 4th

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

NORA

Middle

BELLE

Last

BRANSTETTER

4. DATE OF DEATH

Month

Day

Year

July 10, 1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH

7/8/ 1882

9. AGE (last birthday)

80

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (City and state or country)

Livingston County, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Benjamin Franklin Reed

13b. MOTHER'S MAIDEN NAME

Martha

14. NAME OF HUSBAND OR WIFE

deceased Henry Allen Branstetter,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

XXXXXXXXXX

17. INFORMANT

Mrs. Mildred O'Daniel, 2904 Charlotte, Kansas City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocarditis and Myocardial

INTERVAL BETWEEN ONSET AND DEATH

year

DUE TO (b)

Degeneration

year

DUE TO (c)

Arteriosclerotic Heart Disease.

year

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8-19-60 to 7-10-62 and last saw her alive on 9-10-62

Death occurred at 2:30 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

[Signature] (Degree or title)

22b. ADDRESS

Woodlawn Bldg, Sedalia Mo

22c. DATE SIGNED

7-10-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7/12/1962

23c. NAME OF CEMETERY OR CREMATORY

Peninsula Cemetery

23d. LOCATION (City, town, or county)

Cooper County Mo.

(State)

24. GENERAL DIRECTOR

ADDRESS

[Signature] Sedalia, Mo.

25. DATE RECD. BY LOCAL REG.

July 11, 1962

26. REGISTRAR'S SIGNATURE

Nancy Anderson, Deputy

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

6808

2808

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94200

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11

90-2

1-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Phane Ewing*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

*3847  
Sedalia Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.